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(Re	equestor's Name)	
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(Do	ocument Number)	
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2009 SEP 28 AM II: 46
SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

SEP 2 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CSS Total Facility Manag	gement, LLC		
(Name of F	oreign Limited Liability	Company)	
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submi	itted for filing.		
Please return all correspondence concerning the	his matter to the followin	g:	
Leigh M. Jennings			
(Name of Person)		-	
Attorney at Law, PLC			7.38 SE
(Firm/Company)		-	野~~
8066 E. Fulton St.		_	TALLAHASSEE, FLORID,
(Address)		_	5
Ada, MI 49301			O'A
(City/State and Zip C	ode)	-	
For further information concerning this matter	, please call:		
Leigh M. Jennings	at (616	248-3277	
(Name of Person)	(Area Code &	Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314	
Enclosed is a check for the following amoun	ıt:		
▼\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR ... WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

CSS Total Facility Management, LLC
(Name of limited liability company)
Michigan
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
8066 E. Fulton Street (Mailing address)
Ada, MI 49301 (City/State/Zip) TALLAR 28 TALLA
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. (Signature of hember or authorized representative of a member)
Christopher Frain, Member
(Typed or printed name of signee)

Filing Fee: \$25.00